

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 17 1955

State File No. **32468**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **389**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Cape Girardeau		-a. STATE Mo b. COUNTY Cape Girardeau <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 34 yrs		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1113 N Water St.		e. STREET ADDRESS (If rural, give location) 1113 N Water St.	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Ruth	b. (Middle) Arizona	c. (Last) Moore	Oct. 10, 1955		
(Type or Print)					

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1904.	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HRS. Hours 1 Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Zalma Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John W Bridges	13b. MOTHER'S MAIDEN NAME Vera Cox	14. NAME OF HUSBAND OR WIFE V.A. Moore
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-26-6850	17. INFORMANT'S SIGNATURE OR NAME Rev V.A. Moore	ADDRESS Cape Girardeau Mo.
--	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) Hypertensive Cardiovascular Disease		30 minutes
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. left Hemiplegia		4201		4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from **Nov.**, 19**54**, to **Oct. 10, 1955**, that I last saw the deceased alive on **Oct. 10, 1955**, and that death occurred at **6:00am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D Campbell M.D.	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED Oct. 11, 1955
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemt.	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
---	--	---	---

DATE REC'D BY LOCAL REG. 10-12-55	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE J. J. Haman	ADDRESS Cape Girardeau Mo
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. J. Hansen

Licensed Embalmer No. *256*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.